

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.										
	1							51								
2							52									
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44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.	2															
TOTAL DEP.	17															
TOTAL CLAIMS	17															